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For clear copy on both parts, please typewrite or print with ball point pen and press firmly (See Instructions on pages 2 and 4)

Form SS-4 (Rev. 3-79)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others as explained in the Instructions)

1 Name (True name as distinguished from trade name. If partnership, see instructions on page 4.)
The Committee to Restore Carbondale City Hall, Inc.

2 Trade name, if any (Name under which business is operated, if different from item 1.)
same as above

3 Social security number, if sole proprietor
n.a. | n.a. | n.a.

4 Address of principal place of business (Number and street)
41 North Church Street

5 Ending month of accounting year
December

6 City and State
Carbondale, PA

7 ZIP code
18407

8 County of business location
Lackawanna County

9 Type of organization
☐ Individual ☐ Trust ☐ Partnership ☐ Other (specify)
☐ Governmental (See instructions on page 4) ☒ Nonprofit organization (See instructions on page 4) ☐ Corporation

10 Date you acquired or started this business (Mo., day, year)
Feb. 4, 1982

11 Reason for applying
☒ Started new business ☐ Purchased going business ☐ Other (specify)

12 First date you paid or will pay wages for this business (Mo., day, year)

13 Nature of business (See Instructions on page 4)
Organized for charitable, educational & historical reasons

14 Do you operate more than one place of business? ☐ Yes ☒ No

15 Peak number of employees expected in next 12 months (If none, enter "0") ▶

Nonagricultural	Agricultural	Household
0	0	0

16 If nature of business is manufacturing, state principal product and raw material used.

17 To whom do you sell most of your products or services?
☐ Business establishments ☐ General public ☒ Other (specify) Services rendered; fee not charged

18 Have you ever applied for an identification number for this or any other business? ☐ Yes ☒ No

If "Yes," enter name and trade name (if any). Also enter the approximate date, city, and State where you first applied and previous number if known. ▶

Date
02-24-1982

Signature and title
Joe Robenpowell President

Telephone number
717-282-3300

Please leave blank ▶	Geo.	Ind.	Class	Size	Reas. for appl.	Part I